

2017 Prairielands Council Day Camp Registration Form Youth Staff

**Note: This form must be submitted along with Parts A and B of the
BSA Medical Form when registering for Day Camp**

Contact Information (Please Print)

Troop # _____
 Scout Name _____ Home Phone (____) _____
 Father's Name _____ Day Phone (____) _____
 Mother's Name _____ Day Phone (____) _____
 Address _____
 City, State, Zip Code _____
 Email(s) [print clearly] _____

In case parents or guardian cannot be reached in an emergency, who else should be notified? This must be a local person who can pick up the Scout if necessary.

Name _____ Relationship _____ Day Phone(____) _____
 Name _____ Relationship _____ Day Phone(____) _____

Is there anyone who is NOT allowed to pick up your child from Day Camp (for example, a custody issue?)

Name(s) _____
 Scout Rank: First Class Star Life Eagle

Which Day Camp session(s) are you staffing? (Place a check in each session staffing)

Day Camp	Friday evening	Overnight	Saturday
Camp Drake			
Tuscola Day Camp			
Urbana Day Camp			

Staffing Information

I agree to follow all BSA Standards for Day Camp. I will be at camp on the days and sessions indicated. I understand that my Day Camp assignment may change through the course of the Camp. I will attend any required training sessions.

Date _____ Signature of Youth Volunteer _____

Do you need any special accommodations or considerations to work at Day Camp? _____

Have you worked with children in a group situation? Yes No

Have you previously worked at Cub Scout Day Camp? Yes No

FOR OFFICE USE ONLY

Contact Information

Schedule

Medical Form Attached